

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 2789

FILED FEB 6 1951

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 835	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis		c. LENGTH OF STAY (On this place) 2 Days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis		2099	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hospital				4. STREET ADDRESS (If rural, give location) 4427a N. 20th Street 0			
3. NAME OF DECEASED (Type or Print) a. (First) Norman		b. (Middle) Frederick		c. (Last) Masters		4. DATE OF DEATH (Month) (Day) (Year) Jan. 26th, 1951	
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married 0		8. DATE OF BIRTH Sept. 20th, 1935	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY Central High School		11. BIRTHPLACE (State or foreign country) Sikeston, Missouri 0		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Luther A. Masters		13b. MOTHER'S MAIDEN NAME Annie E. Mayfield		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Luther A. Masters, 4427a N. 20th Street, 7,			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Brain Injury; suffered about 1130 am on Jan 23, 1951 when decedent struck head on wooden bar in gymnasium ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Due to (b) Cerebral High Pressure at 3616 No. Garrison Ave while engaged in basketball game. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION Accident		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT (Specify) Suicide Homicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) School		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Jan 20 51 1130 A.M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 693106			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 338 A.M., from the causes and on the date stated above. H.							
23a. SIGNATURE (Degree or title) Patrick E. Taylor, Coroner				23b. ADDRESS 31300. Clark		23c. DATE SIGNED 1-26-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial - Rail		24b. DATE 4A/27/51		24c. NAME OF CEMETERY OR CREMATORY Jackson, Mo. Cemetery		24d. LOCATION (City, town, or county) (State) Jackson, Missouri	
DATE REC'D BY LOCAL REG. JAN 26 1951		REGISTRAR'S SIGNATURE J. B. Laster		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Calvin F. Feutz, 4828 Natural Bridge Blvd.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed.....

*Ralph C. Linders*

Licensed Embalmer No. *4275*

P. O. Address *St. Louis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.